

Personnel

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Published by The Rhode Island Office

of Personnel Administration (OPA)

JUNE 1989

GOVERNOR UNVEILS DRUG-FREE WORKPLACE POLICY FOR STATE WORKERS

Saying that "the public's confidence, safety, and health are all improved when those that serve them are drug-free and, by example, promote that drug-free lifestyle," Governor Edward D. DiPrete has, by Executive Order, unveiled his policy for a drug-free workplace for state employees.

"The increased productivity, reliability, and accountability of those state employees who are drug free," continued the Governor, "are necessities to carrying out the public service for which they are being paid."

The Governor stated that resources for rehabilitation are available to state workers through the Rhode Island Employee Assistance Program (RIEAP).

Saying that "the State stands in readiness to assist," the Governor added that "employees who use illegal drugs have the primary responsibility to rehabilitate themselves."

Calling his action "in the best interests of State security, public health and safety, law enforcement and the efficiency of State service," the Governor has ordered all Rhode Island State Gov-



"A SPECIAL TRUST HAS BEEN PLACED IN THE HANDS OF ALL SERVANTS OF THE PUBLIC TO PROVIDE AN EXAMPLE FOR ALL CITIZENS — ESPECIALLY THE CHILDREN OF RHODE ISLAND. FREEDOM FROM THE BURDENS OF DRUG ADDICTION AND ABUSE IS ONE OF THE EXAMPLES SO ENTRUSTED."

EDWARD D. DIPRETE
GOVERNOR

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ernment employees to "abide by the State's policy standards and procedures to insure fairness in achieving a drug-free workplace."

The Governor has further directed all executives, managers, and supervisors in State Government to protect the privacy of State employees.

The Governor has ordered the following:

1. Drug-Free Workplace

- State employees are required to refrain from the use of illegal drugs, and must report to work in a fit condition to perform their duties or be subject to disciplinary action.
- The use of illegal drugs by State employees, whether on duty or off duty, is contrary to the efficiency of the service and State authorities will take appropriate action under the law and policy.
- Persons who use illegal drugs are not suitable for State employment. State authorities will take appropriate disciplinary action with all violators of this policy who are currently

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GOVERNOR'S DRUG-FREE POLICY

(Continued from page 1)

employed. State authorities will not knowingly consider for employment anyone who is known to currently abuse drugs.

2. Agency Responsibilities

- The head of each agency in conjunction with the Office of Personnel Administration shall implement the State's policy for complying with the goal of a drug-free workplace with due consideration of the rights of the government, the employee, and the general public.
- Each agency shall:
 - Communicate the State's Policy to each employee, as set forth by the Director of Administration which details expectations regarding drug use, and the action to be anticipated in response to drug abuse;
 - Identify resources available to the employees, including the Rhode Island Employee Assistance Program, for purposes of counseling, referral to rehabilitation, and coordination with available resources;
 - Provide for self-referrals as well as supervisory referrals to the Rhode Island Employee Assistance Program for treatment with maximum respect for individual confidentiality consistent with safety and security issues;
 - Coordinate, in conjunction with the Office of Personnel Administration, all employee training and document all efforts to maintain a drug free workplace.
 - Refer alleged cases of controlled substance abuse to the appropriate law enforcement authority for further information and investigation and prosecution, where justified by reliable information or observation.

3. Coordination of Agency Programs: The Office of Personnel Administration (OPA)

- The Administrator of the Office of Personnel Administration, with the advice and consent of the Director of the Department of Administration, shall:
 - Issue government-wide policy and guidance to agencies on the implementation of the terms of this Order;
 - Ensure that appropriate coverage for drug abuse is maintained for employees and their families under the State employees health benefits programs;
 - Promote the Rhode Island Employee Assistance Program (RIEAP) as a departmental resource to assess, counsel, refer for treatment or rehabilitation any employee(s) with substance abuse problems;
 - In consultation with the Departments of Health and Mental Health, Retardation and Hospitals, the Governor's Justice Commission and the Rhode Island Employee Assistance Program, establish a drug free awareness program that informs employees about the dangers of workplace drug abuse; the State's intent to maintain a drug-free workplace; the availability of drug counseling, rehabilitation, and employee assistance programs; and the penalties that may be imposed upon employees who abuse drugs; and
 - In cooperation with all State heads of departments and agencies, mount an intensive drug awareness campaign throughout the State workforce.
- The Department of Administration, Office of Personnel Administration shall render advice regarding the implementation of this Order and shall be consulted with regard to all policies, regulations, and guidelines adopted pursuant to this Order.

4. Contractors Doing Business with the State

- Contractors who do business with the State and their employees shall abide by the State's drug free workplace policy and the contractor shall so attest by signing a certificate of compliance.

PERSONNEL RULES ON RHODE ISLAND EMPLOYEE ASSISTANCE PROGRAM (RIEAP)

Following are the Rules promulgated by the Office of Personnel Administration (OPA), concerning State employees and their relationship with the Rhode Island Employee Assistance Program (RIEAP). The Rule numbers cited are from the R.I. Personnel Rules and Regulations Manual.

- 10.03** State of Rhode Island Employee Assistance Program (EAP).
- 10.031** The Rhode Island Employee Assistance Program (EAP) is an independent agency created for said purpose, shall provide assessment, referral and supportive services to help State employees or their family members resolve a wide range of human problems including, but not restricted to, alcoholism or drug dependency, emotional or behavioral disorders, family or marital discord, financial or legal difficulties and other related health or life issues.
- 10.032** A person's job security or future advancement opportunities will not be jeopardized through participation in this program. All records and communications are handled in a confidential manner and subject to the laws and regulations governing disclosure of such material.
- 10.033** Employees or their family members are encouraged to utilize the services of the R.I. Employee Assistance Program on a self-referral basis.
- 10.034** Supervisors and/or administrative personnel shall refer employees to the R.I. Employee Assistance Program when the employee's job performance or attendance problems interfere with assigned duties. The R.I. Employee Assistance Program is the primary provider of referral services and, as such, supervisors or administrative personnel should to the extent possible, make direct referrals to this program.
- 10.035** It is *not* the responsibility of the supervisor or administrative personnel to speculate as to the cause of the performance decline or to provide therapeutic interaction.
- 10.036** It is the responsibility of the supervisor or administrative personnel to document job performance and/or attendance problems, review these matters with the employee, and, if appropriate, offer a referral to the R.I. Employee Assistance Program as a possible alternative to normal disciplinary action.
- 10.037** Referral of the employee to the R.I. Employee Assistance Program assures that EAP has *sole* responsibility for providing an assessment of the problem, referring the employee to appropriate treatment, monitoring treatment progress and reporting of compliance with the treatment plan to appropriate management personnel.
- 10.038** No aspect or phase of this formal assistance program will require or result in exceptions to standard job performance requirements, established personnel procedures, or negotiated labor agreements. This policy applies to all employees of a State agency, board, commission or educational institutions.
- 10.039** There is customarily no charge to the employee or family member for the services performed by the R.I. Employee Assistance Program.
- 10.0310** The Employee Assistance Program is responsible for maintaining an ongoing relationship with the Department of MHRH and the Office of Personnel Administration in order to effectively and consistently manage the EAP for all State employees.
- 10.0311** The Office of Personnel Administration is responsible for the promotion and coordination of supervisor training employee awareness sessions and union steward orientation on a statewide basis. The OPA will use all available means to disseminate information about the EAP and to promote utilization of these services by State employees.

INTRODUCING ...

JOHN J. KANE

Director of Administration



Tall (6'5"), and broad shouldered, John J. Kane can easily pass for a former gridiron champion for the Pittsburgh Steelers. The native Pennsylvanian is impressive, even imposing, possessing all of the attributes that one can conjure of what a corporate president should be like.

Of serious mien, he gives the impression that unbridled levity and inane conversation have no place in his workday schedule. Yet, he is aff-

able and low key, and if you address him as *Mr. Kane*, he will quickly plead that you call him John.

A graduate of Temple University with a degree in Accounting (Highest Honors), John Kane brings to the office of Director of Administration, an unprecedented amount of business acumen and managerial skills gained during more than 30 years with national and international corporations, including 18 years as President of the Providence-based Federal Products Corporation and Federal/England, a wholly owned subsidiary located in the United Kingdom.

As Director of Administration, John Kane views himself as "a sort of director of operations," overseeing the everyday workings of Rhode Island state government.

Although in his first government job, he is no stranger to Rhode Island government. He served for 7 years on the state's Board of Regents; is a former Treasurer of the Rhode Island Higher Education Assistance Authority; was chairman of the Advisory Council for the Job Training Partnership Act (JTPA); and served

as co-chairman of the Executive Committee of Rhode Island Partnership of Government, Business and Labor.

Also, he is past-president of the Rhode Island Chamber of Commerce Federation; was 1982 Campaign Chairman for the United Way; is a former board member of the Rhode Island Public Expenditure Council (RIPEC); is former chairman of the Business and Industry Council; and since 1974, has been a member of the Board of Directors of Citizens Bank.

Neither harried nor hurried, John Kane presents a certain ease and calmness derived from physical and intellectual strengths, and he exudes qualities of leadership that include self-assurance without arrogance; steadfastness without rigidity; and reserve without aloofness.

His approach to his work can be categorized as managerial, sometimes referred to as the "cabinet" style of management. He works closely with his associate directors and agency heads, and he insists on being kept informed without getting involved in the nitty gritty of their daily operations. He is, he says, interested foremost in *results*.

He views problem identification as of first importance, and expresses the need for both management and labor to sit down together as a means of arriving at solutions. He looks upon the decision making process as a joint effort of management and labor.

When asked to make comparisons between the demands of the public sector and those of private enterprise, he sagaciously replies that each sector presents its own challenges and opportunities for leadership, and the approach to problem solving remains the same, although admittedly, the rules of the game may be different.

Rhode Island residents for nearly 20 years, the Kanes live in Warwick, have five children and a granddaughter, and on the day of this interview, they were expecting a second grandchild momentarily.

Sitting in his relatively spartan office, John Kane lacks pretense and officiousness, yet you can feel his strengths come through a well-modulated self-assurance. His demeanor speaks of a person that one would expect to always make the right decisions, after a thorough and detailed analysis of the facts, and to render decisions promptly and with the total confidence born out of leadership experience.

John Kane is very much in command.



FROM THE OFFICE OF THE GOVERNOR

Executive Orders

No.	Date	Subject
89-5	2-22-89	Creates Governor's Community-Based Housing Commission.
89-6	2-23-89	Declares state of emergency at MHRH facilities.
89-6.1	2-23-89	Terminates MHRH state of emergency proclaimed by EO 89-6.
89-7	2-23-89	Declares state of emergency at MHRH facilities.
89-7.1	2-24-89	Terminates state of emergency at MHRH facilities proclaimed by EO 89-7.
89-8	3-7-89	Establishes Governor's Task Force for the Future of Agriculture and Forestry.
89-9	3-8-89	Amends certain executive orders concerning the Rhode Island Postsecondary Education Commission.
89-10	4-4-89	Establishes Pawtuxet River District Commission.

For more information or copies of Executive Orders, contact the Office of the Governor's Legal Counsel, Room 320, State House — 277-2080.

pRide

Personnel pRide is published by the Office of Personnel Administration, Division of Human Resources, Department of Administration, 289 Promenade Street, Providence, RI 02908-5788.

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Winning Combination: Freedom of Choice

HealthMate added nearly 12,000 new members during the previous year. The success of HealthMate is reflected in the fact that more than 2,500 participating physicians with no deductible or paperwork restrictions also offers partial coverage (50 percent of cost & Blue Shield of Rhode Island allowed) if you choose a HealthMate plan.

HealthMate covers the most important attributes they seek in a health plan.

Office visit coverage, freedom of choice and the extensive participating physician network were the top three reasons HealthMate members cited when asked to describe the advantages of their plan. Our research shows that HealthMate members are satisfied their plan fulfills those needs - 95 percent cited satisfaction with office visit coverage, 84 percent cited freedom of choice and 77 percent cited the participating provider network.

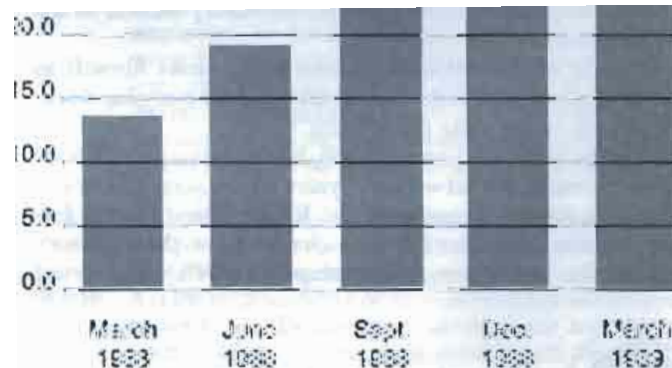
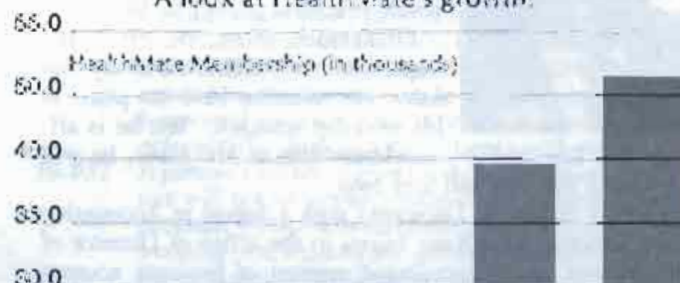
HealthMate also offers you student coverage to age 23, no waiting periods, and prescription drug and vision care coverage.

With HealthMate you'll also have access to your own health care professional. Suppose your doctor tells you that you need surgery. By making one phone call, you can talk to registered nurse about a suggested surgery or procedure. The nurse can answer any questions you may have and supply you with a list of doctors so you can get a second opinion.

This month, HealthMate, along with two other health care plans, will be offered by Blue Cross & Blue Shield of Rhode Island. You can select from our traditional coverage - Classic - or our health maintenance organization - HMO - HealthMate. Only Blue Cross offers you this array of health care choices.

People like HealthMate because of its unique combination

Rhode Island's Fastest Growing Health Plan
A look at HealthMate's growth:



of coverage and freedom of choice. Like HealthMate, all our plans have their own unique advantages. Classic, for example, would be your choice if you prefer our traditional coverage - it gives you complete control over your health care.

Last year, Rhode Island's Blue Cross and Blue Shield of Rhode Island over other carriers, adding more than 100,000 new members.

It's open enrollment season, choose the health plan that meets the needs of you and your family from the carrier that offers the most health care choices: Blue Cross & Blue Shield of Rhode Island. No one protects you better.

Island's Family of Health
Member Service phone lines are
open 24 hours a day (noon).



With our family of health plans, you won't have to search all over for the perfect fit.

The problem with most health plans is that they don't offer you a choice. It's strictly one size fits all.

Which can be a real problem if it doesn't match up with the needs of you and your family.



With Blue Cross & Blue Shield, on the other hand, you wouldn't have that problem at all.

Because instead of offering you only one way to protect your health, we offer you three. One of which ought to fit you perfectly.

The Classic Blue. The traditional coverage that Rhode Islanders have known and trusted for fifty years.

HealthMate. The way to go if you're looking for office visit coverage plus the freedom to choose any doctor you want.

And HMO Rhode Island. When the guidance of a personal care physician is important to you.

All of which should tell you that with Blue Cross & Blue Shield, you're going to find a health plan you can live with happily ever after.



No One Protects You Better

Before HealthMate way to describe a health advantages of Blue Cross Unhe



It used to be that if you had Blue Cross and you wanted office visit coverage, there was only one thing you could do. Give up Blue Cross.

Which was too bad. Because it also meant giving up things like being able to choose your doctor. And out-of-state recognition.

Well, now you can have both. With HealthMate.

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In addition to full hospital, surgical, medical

and emergency coverage, HealthMate covers routine office visits, too. All you have to do is see a participating physician. No co-payment. No deductibles. No paperwork. No claim forms.

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With HealthMate, you can choose from any one of 2,500 participating doctors and specialists in Southern New England. You'll be covered in full. Even if you go to a non-participating doctor, we'll still cover 80% of what

there was only one
plan that combined the
with office visit coverage.
ard of.



HealthMate



**Blue Cross
Blue Shield**
of Rhode Island

No One Protects You Better

we'd normally pay for the service.

Out-of-state recognition.

Unlike plans that only cover you out-of-state if it's an emergency, HealthMate covers you no matter what. Your HealthMate card is accepted by hundreds of hospitals and doctors from coast to coast.

Make this the year you change to the one health plan that gives you everything you ever wanted in a health plan. HealthMate.



On A Bitter Night In Quebec, Ethel Sherman's Health Plan Shocked Some Canadian Doctors.

When Ethel Sherman woke up in a hospital over 500 miles from home, she felt terribly alone. She knew nothing about the doctors treating her or the hospital she was in.

After consulting with the doctor handling her case, Ethel's RIGHA physician arranged for her to be transferred to a nearby hospital that specialized in treating the problems resulting from her accident.

Ethel's RIGHA doctor also gave the Canadian doctors pertinent information about her medical history including possible allergic reactions.

The same day, a RIGHA consumer relations representative assured Ethel Sherman that her bills from both hospitals would be fully covered by RIGHA.

Ethel Sherman is home now. And with the help of follow-up therapy

at RIGHA, she's fully recovered.

Ask your employer about RIGHA membership for your family. You may never need help away from home the way Ethel Sherman did, but if you do, it's comforting to know you have a health plan that does so much more than pay the bills.

RIGHA
Emergency care. Anytime. Anywhere.

Menopause

by Robert Williams, M.D.

Department of OB/GYN, RIGHA



"Menopause" means cessation of menses. It is that time of life, looked forward to by many women and feared by others, when menstruation finally and completely stops. The average age at which women experience menopause is 51.

"Going Through Menopause"

"Going through menopause," by contrast, is a commonly-used phrase. This does not mean what happens to you on the last day of your very last period. Rather it speaks of a span of time around the menopause when those famous signs and symptoms - vaginal dryness, irregular bleeding, insomnia, flashes and flushes, and mood changes - are prominent and sometimes troublesome. The time span may cover one to three years or longer.

The Physiology

The basic change occurring in the woman's body at this time, which explains the symptoms she experiences, is that the ovaries are gradually ceasing to function. Besides releasing eggs, which makes pregnancy possible, the ovaries produce two important female hormones, estrogen and progesterone. It is the lack of these hormones, particularly estrogen, that leads to all of the other changes.

The Emotions

The lack of estrogen causes hot flashes, episodes that may last about five minutes. Suddenly a woman may feel very warm, her face may turn red, and she may begin perspiring and want to open the window. Hot flashes can occur night or day.

But how is the lack of estrogen related to mood changes - irritability, weeping, anger or depression - that some women experience during menopause? Dr. Isaac Shiff, a professor at Harvard University, did several interesting sleep studies on post-menopausal women at the university.

Using two groups of women experiencing hot flashes, he gave one group replacement estrogen and the other group nothing. All were given EEGs (electroencephalograms, or brain wave tracings) while they slept. He found that the women who were given estrogen had more REM (rapid eye movement) sleep - the deep sleep that refreshes you - than those who were not given replacement estrogen. His theory is that essentially all of the mood changes that occur around the menopause are a direct result of lack of sleep! Anyone who has not had a good night's sleep for three or four months is not going to be in a very good mood!

Fortunately, the problem with hot flashes and sleep disturbances lasts at most for a year or two. In addition, not everyone has a significant problem with flashes and sleep changes; some women don't have any problems at all.

The Bones

Estrogen protects your bones by preventing them from losing calcium. After the menopause, your bones gradually lose calcium. If you lose calcium quickly, or if your bones are weak to begin with, you may eventually develop osteoporosis - a condition where the bones are so weak that they may break. It is the same people who have severe hot flashes in the short term who will be most likely to have osteoporosis in the long term.

Recommendations

1) *Nutrition.* Before the menopause, you should do everything you can to keep your bones strong and healthy. Nutritionists suggest that from the mid-thirties onward, you should have the equivalent of one quart of milk per day in dairy products. If you don't, you should be taking a calcium supplement.

2) *Exercise.* The second thing to do to protect your bones is to exercise them. The human body is just the opposite of a car in this regard. If you want to make a Corvette last 50 years, you put it up on blocks every winter. But if you want your body to last, you have to use it! I recommend walking. Ideally, you should walk an hour per day at least four or five days per week. If you do, you will feel much better physically and emotionally and your bones will be stronger. (Be sure to discuss this or any exercise program with your health care provider before you start, especially if you begin such a program after age forty, or if you have any health problems.)

3) *Stop smoking.* Smoking cigarettes increases your risk of developing osteoporosis. If you smoke, here is one more reason to stop!

4) *See Your Physician.* Aside from annual examinations, I would recommend that you see your physician if you have problems with any irregular bleeding or significant hot flashes while you are going through menopause.

Many women have little or no difficulty at the menopause. But for those who do suffer from menopausal symptoms, Estrogen Replacement Therapy (ERT) can, in most cases, be safely prescribed to help make this a smoother, happier transition time.

The Beginning

It is said that every end is a new beginning. That is especially true with menopause. The menopause is the end of the time when women have periods and pregnancies. But psychologists say that the late fifties and early sixties are among the happiest times of life for most people. Many women are through making major decisions about job changes, buying homes and setting life goals. Most women are still young enough to enjoy good health. So, the menopause is the milestone in life, marking the transition from turbulent times of child bearing, job stresses, and midlife crises (when we have to come to terms with the fact that some of our goals in life will never be reached), to a golden era of life marked by increased serenity and happiness.

Dr. Robert Williams is an OB/GYN Physician in our RIGHA/ Warwick office. He received his B.S. from Brown University and his M.D. from Cornell University. His internship was completed at Rush Presbyterian Hospital and his residency at Cornell Medical Center.

Non Exercise as a Risk Factor

by **Milton Drake, Jr., M.D.**

Department of Internal Medicine, RIGHA



Exercise has been emphasized in recent years as an important contributor to good health. Over the past 20 years we have seen a greater than 20% reduction in the likelihood of heart disease and stroke by age group. This has come about through awareness of the impact that several risk factors have on the development of those diseases.

High cholesterol, smoking and high blood pressure have been the chief targets of public health efforts to reduce blood vessel disease (principally atherosclerosis). But how good is the case for regular aerobic exercise? The following summarized the major findings.

1. Population studies have shown that people who exercise regularly have a lower risk of heart attack and death.
2. A recent study (1988) which followed 3,106 healthy men for an average of 8½ years found that the risk of dying from cardiovascular causes (stroke, heart attack) was 300% higher in the lowest 25% fitness group compared with the upper 25% fitness group after other factors that may have contributed to the risk were accounted for. Physical fitness was measured by how long they were able to continue on an exercise treadmill.
3. Once having had a heart attack, regular exercise lowers the risk of death by 17% as determined by the evidence of 9 studies that evaluated this.

Regular aerobic exercise causes many favorable changes in the functioning of the body. The most important of these are:

1. Blood pressure is lowered — this is a major benefit.
2. "Bad cholesterol" (LDL) is lowered and "good cholesterol" (HDL) is increased.
3. Weight control is easier. Lean body mass (muscle mass) increases and total body fat tends to decrease.
4. Insulin is more effectively utilized thereby reducing the likelihood of diabetes or allowing it to be more easily controlled.
5. Platelet (small blood cells that initiate clotting) have reduced stickiness and therefore are less likely to trigger a coronary thrombosis (heart attack).
6. Stress hormones at rest are decreased (reducing anxiety) and chemical substances called endorphins are released in the brain giving a feeling of well-being.
7. Bone-thinning (osteoporosis) is reduced, decreasing the risk of fractures and collapsed vertebrae particularly in older women.
8. Blood clots once formed in the legs are more easily broken up.

As you can see from the above, there are many positive benefits to aerobic exercise. In fact, it can be safely stated that non-exercise or the sedentary lifestyle is a risk factor for blood vessel disease — the leading cause of death in the industrialized world.

This risk factor needs to be viewed, therefore, in the same light as other risks such as smoking, a high fat/high cholesterol diet and high blood pressure. The sedentary lifestyle makes people more likely to develop the most common cause of disability and death in our society.

What kind of exercise?

Aerobic exercise can be of several types. However, they all have in common repetitive movement of muscle groups, rather than exercising against resistance (isometric exercise). The most practical of these are walking, running, jumping rope, swimming and biking.

How much exercise?

Twenty to thirty minutes three times a week is adequate. More than that will produce a somewhat greater benefit, but may be offset by increased likelihood of joint, tendon or muscle injury.

How do I start?

The best way to start if you are otherwise healthy is to start slowly. The greatest mistake a person can make is to do too much too soon. This increases the likelihood of muscle, joint and tendon injury or may be excessive stress on the heart.

For a walking program, an easy way to start is ½ mile a day five days per week for two weeks, thereafter adding ½ mile per day every two weeks until you are walking two miles a day, three to five times per week.

For jumping rope, jogging and swimming there are similar guidelines that can be obtained from your health educator.

What precautions do I take?

It is very important to do some stretching first. This allows the muscles to be loose and reduces the likelihood of injury.

A good pair of walking or running shoes is critical. The shoes need to have a good cushion, arch support and rigid heel stabilizer. Most brands are satisfactory.

What should be my overall game plan?

It is very important that physical fitness be looked upon as part of a healthy lifestyle. It must be fun and enjoyable for you to continue it as part of your daily routine. Choose an exercise that you enjoy, that is easy to do in terms of your life situation, that is inexpensive and that you can do all year. You may vary the type of exercise that you do three to five times per week, as this allows you to be conditioned for that particular muscle group. Once you change the type of exercise, be consistent with the new type, three to five times per week.

With RIGHA for nearly 12 years, Dr. Milton Drake received his M.D. from Temple University. He completed his internship and residency at Gorgas Hospital Canal Zone, and a fellowship in cardiology at West Roxbury VA Hospital.

Overuse Injuries

by **Brett P. Godbout, M.D.**
Orthopedics, RIGHA



Many active people, young and old alike, will experience an overuse injury. Overuse injuries are frequently the result of repetitive stresses on bones and joints, or overworking and neglecting tendons, ligaments and muscle groups.

These injuries can occur as a result of initiation or change of activity in sports participation or on the job. For many people, the term "overuse injury" implies that these frequently painful conditions must be minor. Many of these, however, are more serious and very difficult to recover from.

As the overuse injury becomes more chronic, the orthopedist faces a greater challenge in providing effective care. The ultimate goal in treatment is adequate pain relief with minimal modification of activities.

Tendonitis is probably the most common overuse injury. It is a painful "inflammatory" reaction caused by excessive stresses on muscle at a point where it inserts on a bone. Achilles tendonitis, a common form of heel pain, is an excellent example. This tendon joins the large calf muscles to the heel, allowing us to "push off" or plantar flex our feet. Jumping activities such as basketball or volleyball often cause this problem.

Achilles tendonitis is also a frequent overuse injury of runners, especially those who are just starting out or increasing their mileage. The athlete often experiences a burning pain early in the workout which becomes less severe as he "warms up" and then worsens after the run. The pain may also appear when the patient takes his first step in the morning followed by a gradual diminishing of symptoms as the day progresses. Upon exam, tenderness is often elicited one or two inches above the heel. In severe and more chronic cases, swelling and a tender nodule may develop.

Treatment is usually conservative, consisting of ice massage three to four times daily and an anti-inflammatory medication. Most important, the activity which started the tendonitis must be identified and stopped. When symptoms subside, gentle stretching and strengthening exercises are initiated. Modification of the shoe, with a small lift in the heel, can also help relax the Achilles tendon.

Lateral epicondylitis, otherwise known as "tennis elbow," is another very common type of overuse injury. This condition is actually much more common in non-athletes than tennis players. It is characterized by pain and tenderness located on the outer part of the elbow which is aggravated by wrist extension.

This injury is now thought to begin from a tear in the tendons that are used to extend the wrist. The tears are produced by mechanical overload of the tendon from sports or work.

This injury usually responds to conservative therapy including a period of rest while splinting the forearm to avoid excessive rotation and wrist movement. An exercise program emphasizing forearm and wrist strength begins as the patient becomes more comfortable. Other treatments include heat therapy, anti-inflammatory medications and occasional steroid injections for severe cases. Surgery is done in less than 5 percent of cases.

Rotator cuff tendonitis is a common overuse injury for swimmers and baseball players. The rotator cuff consists of four tendons which "sit" on top of the shoulder. These tendons and their accompanying muscles are responsible for much of the shoulder's rotational movement. Repetitive overhead motion causing the shoulder to rotate outward (such as in backstroke or pitching) will often create a small tear in deep layers of the cuff where it attaches to bone. Large tears are less common. The athlete with a partial tear experiences pain, clicking and weakness with overhead motion. Continued use will only aggravate this condition.

If the tendon is "inflamed" but not torn, conservative therapy can be instituted. This would include rest, ice and specific gentle exercises to strengthen and protect the rotator cuff. If even a small tear is suspected, an arthrogram (dye study) is ordered to confirm the diagnosis. If the dye leaks out from the shoulder into the surrounding tissues, the tendon has torn and surgical repair is recommended.

These are just a few of the many overuse injuries an orthopedist treats in his or her daily office practice. Many of these conditions require a treatment program designed by the orthopedist to meet the specific functional needs of each patient. There are few cookbook cures for these injuries, but with early diagnosis and proper intervention successful results will be the rule rather than the exception.

Dr. Godbout is a RIGHA orthopedic surgeon. He received his B.S. from Colgate University, and his M.D. from SUNY-Upstate Medical School. He completed his internship and residency at Rhode Island Hospital.

PERSONNEL OFFICERS BRIEFED ON AIDS



Citing the need to have accurate information about AIDS, Brian Medeiros, Consultant for the Rhode Island Department of Health (DOH), provided a brief summary of AIDS-related issues in the workplace at a March meeting of State Personnel Officers at the Regan Conference Center.

Mr. Medeiros pointed out that AIDS — Acquired Immune Deficiency Syndrome — is caused by the human immunodeficiency virus (HIV) which lowers the body's natural defenses, making an individual more susceptible to infection. A person infected with HIV may not show any symptoms for up to 10 years or more. Infected persons who develop certain potentially life-threatening infections are said to have AIDS.

"We don't know for sure where HIV came from," said Medeiros, "but the illness was first identified in this country in 1981. Today, there are over 86,000 reported cases of AIDS in the United States, including over 235 in Rhode Island."

He stressed that there are primarily three ways to contract HIV — through contact with infected blood, through sexual contact with an infected person, and maternally (an infected pregnant woman has a 50 percent chance of infecting her baby). He pointed out that although homosexuals and intravenous drug users represent the majority of AIDS cases, the general population is becoming increasingly infected. Infection, however, can be prevented, he said.

Medeiros cited four areas that managers should attend to:

- **Educate employees.** Education is the key to successfully addressing issues of AIDS in the workplace. Management must be informed, and educational programs on AIDS and related issues should be established for all employees. This education should not only be informational, but also should help individuals to personalize that information. Remember, studies show that AIDS/HIV INFECTION IS NOT TRANSMITTED THROUGH CASUAL CONTACT.
- **Promote infection control.** Adhere to the universal precautions established by the federal Centers for Disease Control. Stress existing hygienic protocol, and inform workers of the hazards of contact with blood over broken skin or mucous membranes. Also, provide protective equipment (i.e., latex gloves, mechanical resuscitators, gowns, etc.) when necessary. Deal with all clients equally — assume everyone is potentially infected with HIV.
- **Prevent discrimination.** Recent state legislation prohibits discrimination in the workplace of persons infected with, or perceived to be infected with, HIV. There is no evidence that an infected worker will transmit HIV to co-workers who follow infection control measures. Management is legally obligated to protect the confidentiality of an infected worker who must give written permission for information to be revealed to a third party. Furthermore, management should guard against stigmatization and harassment. A co-worker is not legally justified in requesting that an infected worker be reassigned or fired, nor does a co-worker have a legal right to refuse to work with an infected person.
- **Accommodate workers with AIDS.** Workers with full-blown AIDS are further protected under state and federal Handicap Discrimination laws. Management must make

THE DRUG-FREE WORKPLACE ACT OF 1988

Substance abuse is a serious problem adversely affecting both the private and the public sector, organizational effectiveness, the lives of millions of Americans, and our nation's ability to compete in the world economy. Studies indicate that at least 18% to 20% of employees are substance abusers.

The workplace substance abuse problem is worsening. In William M. Mercer Meidinger Hanse's recent survey, 22% of the respondents identified the misuse of alcohol, prescription and illicit drugs as "very significant" in their own organizations. This number is almost triple what it was five years ago. The National Council of Compensation Insurance estimates that substance abuse related workers compensation losses have increased fourfold since 1970.

There are many direct and indirect employer costs associated with substance abuse. They range from absenteeism, increased medical, disability and workers compensation claims, decreased productivity and lower quality of work, to premature death. The federal government places the annual overall economic cost at \$177 billion, including about \$100 billion in lost productivity. The National Institute on Drug Abuse estimates the annual cost due to lost productivity to be approximately \$1,000 per U.S. worker.

New federal legislation affects employer response to the substance abuse problem. For contracts signed and grants awarded the Drug-Free Workplace Act of 1988 affects federal grantees (the State of Rhode Island is a federal grantee), contractors and others receiving federal funds after March 19, 1989. Each covered entity must undertake certain activities to be able to certify its workplace as drug-free. Governor Edward D. DiPrete's Drug-Free Workplace Policy for state workers covered on page one of this newsletter, is in response to the federal requirements of the Drug-Free Workplace Act of 1988.

Substance abuse in the workplace is a serious matter that affects all of us. Although job performance deficiencies resulting from chemical dependency will not be tolerated in state government, there is support and assistance available to state employees and their families through the Rhode Island Employee Assistance Program (RIEAP).

The Office of Personnel Administration (OPA) is in the process of reviewing the requirements of the Drug-Free Workplace Act and will be issuing guidelines for state agencies in the near future. In the meantime, if you have any questions on this matter, you may contact Beverly Dwyer in the Office of the Personnel Administrator at 277-2160.

Action is necessary. Federal law requires action and prudent managers will move to improve organizational productivity.

This Special Expanded issue of pRide is sponsored by Blue Cross and Blue Shield of Rhode Island; HMO Rhode Island; and the Rhode Island Group Health Associates (RIGHA).

"reasonable accommodations" for workers with AIDS. Allow a person with AIDS and the person's doctor to determine when the individual is unable to continue work. If possible, develop alternative work schedules and even alternative work.

DOH has several brochures on AIDS including: *Understanding AIDS*; *AIDS & Your Job - Are There Risks?*; and *About AIDS in the Workplace*. For copies of these publications or for more information call DOH at 277-2362.